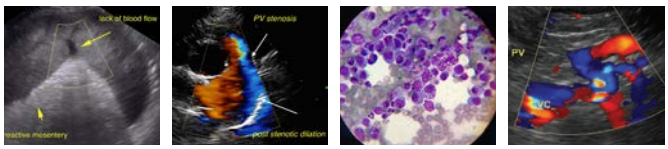
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Timber King

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

6 Years

WEIGHT

25

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

43267

DATE

6/18/23

PRESENTING CLINICAL SIGNS

Brief History: Vomiting thursday, no blood. Seen at RDVM over last 2 days for vomiting, given cerenia + SQ fluids, and sent home with RX for cerenia. Sat p vomited at 3am with orangeish color, O gave cerenia RX at home at 3am and o thinks p may have vomited it up shortly after. P was seen at RDVM on Sat around noon diagnostics (radiographs, Bloodwork, SQ fluids, and Cerenia). Rads nonobstructive, BW nsf with CPL pending, RX Ondansetron and Sucralfate. 4 pm Sat p had first round of diarrhea with blood in it. O gave Endosorb 1.5 tablets at 8 pm. P was sleeping and quiet until about 10 pm and then came in to O dripping with bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: rDVM labs: Right and left lateral (3) and VD (2) radiographic images of the abdomen are available. The stomach contains a small amount of gas, but appears otherwise empty. The small intestines contain varying amounts of gas and fluid, but appear normal and uniform in diameter. The colon contains homogeneous soft tissue opacity. The liver, spleen, kidneys, urinary bladder, and serosal detail appear normal. No abnormalities are detected in the skeletal system. Assessment: Fluid in the small and large intestines suggests ileus, probably due to enteritis and possible colitis. - No distension, mass effect, or foreign body is seen in the GI tract. Consider abdominal ultrasound (to further evaluate pancreas, GI tract walls and contents, etc) if the patient does not improve with supportive care. CBC: WBC 13.14 Neut 10.89 HCT 51.46 plts 175 Chem: wnl lytes: wnl Cpli-pending Lab/trends: 6/18 1 AM - EPOC: HCT 50 lytes wnl PCV/TS: 58/5.6 PT: wnl S/O:: _QAR, MM pink, slightly tacky, CRT < 2s, Thoracic auscultation no murmur or arrhythmia noted, Eupenic with normal BV sounds, Abdominal palpation mildly tense, acts nauseated with deep palpation, rectal - bloody diarrhea, Ambulatory with normal neurologic exam, has not yet been offered food due to ultrasound. _ A:: _HGE, hematemesis_

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and there is a 1.0 cm irregular echogenic opacity within the lumen, which is most consistent with a blood clot. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. The urethra was visualized to 3.0 cm.

The prostate is diffusely enlarged measuring 3.7 cm x 3.5 cm with a normal parenchyma and smooth capsule. The prostatic urethra is not dilated.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.5 cm. Right kidney measures 6.1 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal measures 4.8 mm cranially and 4.7 mm caudally. Right adrenal measures 7.6 mm cranially and 5.1 mm caudally.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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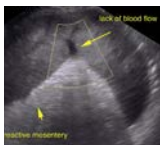
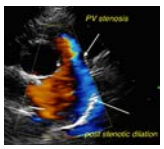
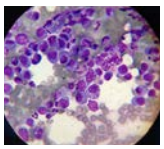
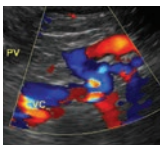

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Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is 4.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 4.5 mm. Jejunum wall measures 3.5 mm.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Small amount of ingesta in the stomach, which should be correlated with fasting history. Otherwise, normal gastrointestinal tract.

SECONDARY FINDINGS

- Lesion in the bladder that is most consistent with a blood clot.
- Mildly enlarged prostate with normal parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a cystocentesis was recently performed, then that is likely the cause of the lesion in the bladder and is of no concern. If no cystocentesis has been performed, then urinalysis is recommended for further assessment. The appearance of the prostate may be normal if this patient was neutered later in life, but if the patient was neutered as a puppy, then recheck prostatic ultrasound in 4-8 weeks would be recommended to rule out emerging neoplasia.

The gastrointestinal tract appears unremarkable. Along with the history, this would be consistent with a diagnosis of acute hemorrhagic diarrhea syndrome. Additional recommendations include:

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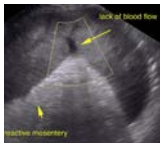
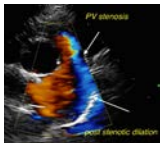
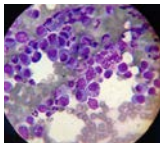
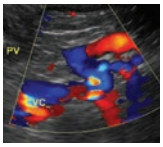

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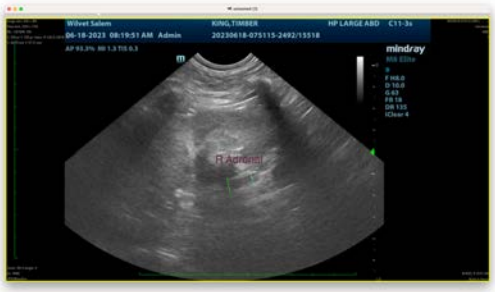
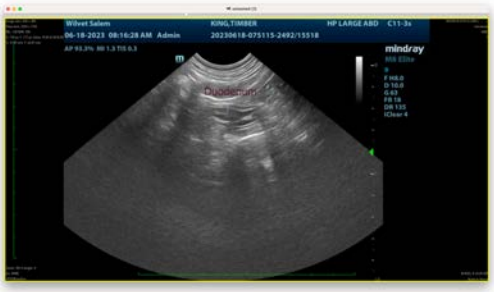
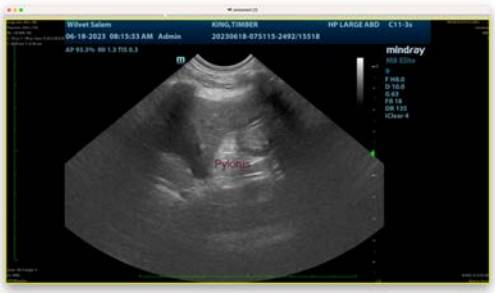
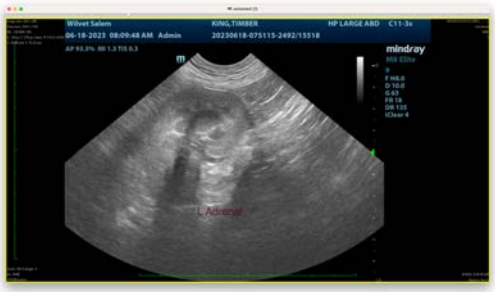
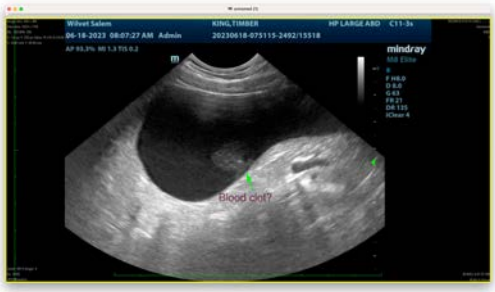
- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.











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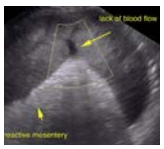
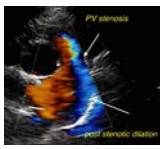
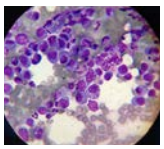
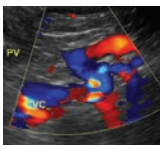

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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